



EXECUTIVE SUMMARY

Repair and Recovery in Long-Term Care: Restoring Trust in the Aftermath of COVID-19 (2020-2023)

January 2024

An RSC Policy Briefing

Three and a half years after the World Health Organization first declared COVID-19 a global pandemic and the disease first appeared in a Canadian long-term care (LTC) home, older adults in LTC still die every week from COVID-19. The LTC workforce emergency continues and remaining staff work short-handed, some without benefits. Despite new cash injections, LTC homes remain deeply under-resourced.

During the pandemic, Canada and the provinces made mistakes. We were slow to establish proper infection control practices and to provide personal protective equipment, we were unable to staff adequately, and we applied severe and cruel isolation practices, keeping those practices in place too long in many homes. Older adults deteriorated and died as a result. Many died alone. LTC residents, families, and essential care partners suffered from the profound confinement and isolation of residents. Staff not only worked short-handed, they took on new and extra duties. They experienced stigma and protests as the pandemic wore on. They stayed at their posts, adapted, and pulled together under extraordinary and often incredibly difficult circumstances. Managers and staff worked under combat-like conditions. When the pandemic was declared over, they struggled to re-enter normal work life. They were heroes and then they were not. Many of the staff and managers who have left LTC and many of those who remain experience devastating mental health consequences.

There is no doubt that we were unprepared for a global pandemic, despite the SARS experience in 2003 and the review that followed. There is no doubt that we are struggling with pandemic recovery and repair. It is unlikely that LTC homes are ready for another major event.

Still, Canada has had successes. We did fix the gaps in infection control and personal protective equipment. We bought vaccines, a lot of them, and we got them rapidly to the residents of LTC on a first priority basis. We stopped the hemorrhage, but not the affliction. Many jurisdictions came up with highly creative ways to integrate acute care and LTC. Innovative programs appeared that supported staff needs for childcare and transportation. LTC workers' wages were lifted in most provinces and some workers got sick benefits.

The Canadian government supported 2 major and robust new LTC standards, developed and issued by the Standards Council of Canada, the Canadian Standards Association, and the Health Standards Organization – this alone is nothing short of incredible in the middle of a pandemic. These standards, if fully implemented, monitored, and ensured, will change everything. However, they are voluntary. In Budget 2021, \$3B was allocated to assist with implementation of the Standards. That Budget also allocated over \$40M plus ongoing funds to Statistics Canada to improve data infrastructure and collection broadly including supportive care. Canada lacks an infrastructure to support the accountability that must accompany federal cash transfers.

At the time of this report the federal government is in the process of public engagement preceding a new Safe Long-Term Care Act. This legislation, if it is more than aspirational, could close many of the gaps. Particularly with implementation of the LTC standards, it could even be a game changer – maybe. The months ahead are important. The need for **federal and provincial action and leadership** is urgent.

In this report we have updated where Canada's LTC reform stands now, using publicly available sources. We make 8 recommendations, some of them repetitions of the ones we made in our 2020 report for the Royal Society of Canada, *Restoring Trust: COVID-19 and the Future of Long-Term Care*. We have deliberated and reviewed what has been written about Canada and other countries' performance during the pandemic. We scanned scientific papers and reputable reports from global agencies, such as the work from the Organization for Economic Co-operation and Development, the World Health Organization, the United Nations, and the Australian Royal Commission on Aged Care Quality and Safety. The United Nations Decade of Healthy Aging initiative (2021–2030) places a strong focus on the social and moral determinants of health – and a stronger focus on values and human rights. As with all major disasters, natural or communicable, the COVID-19 pandemic had a significantly disproportionate impact on older people, women, and other equity-deserving people. All people were not treated fairly.

Older people and their human rights

Even if we adequately meet problems specific to COVID-19 and pandemic preparedness, even if we begin to focus resources and efforts on equity-deserving people and on the basic social and equity needs required for health – we will not achieve transformative change in the care of older adults living in LTC. To achieve genuine transformation, we must meaningfully adopt **a human rights framework that applies to older people who live in LTC homes**, one in which **all** older people are viewed and treated as fully human under both the Canadian Charter of Rights and Freedoms and the Universal Declaration of Human Rights.

We recommend beginning immediate human rights reform in LTC in the areas of governance, education, and training/re-training. In our 2020 report for the Royal Society of Canada, we identified systemic age and gender discrimination as the root causes of COVID-19's impact on LTC homes. Without immediate human rights reform, we will be unable to end these injustices. We will be unable to ensure that all older people are able to live well and die well. Older adults will not be prioritized, recognized, or acknowledged. Resources will not be sufficiently allocated, care givers will not be prepared or available, profit may triumph over compassion, and our governments' commitments will flag. Canada's potential as a global leader in caring for older adults who need support as they age will not be realized. Older Canadians will continue to suffer, particularly those who grow infirm.

This will diminish all of us.

The time for more reports is long past. Reports will continue to be written of course, and some of them may be worthwhile. But surely now – after hundreds of reviews and reports about LTC, over 30 in the last 3 years – we can muster **the grit to act** and to strike at the heart of the challenges. And to do this with a clear human rights mirror.

Our recommendations

We propose 8 recommendations, including an emphasis on human rights, that all need **action**. We identify 3 areas of immediate **priority**.

- 1. The LTC workforce** (recommendations 1 and 3).
- 2. Federal transfer payments** (recommendation 2)
- 3. An accountability structure** (recommendation 6)

The LTC workforce crisis remains the highest priority for action that will address immediate, medium, and longer-term solutions that will aid recovery from COVID-19 pandemic effects and contribute to a resilient LTC system. The LTC workforce crisis is now a true emergency, not only in numbers but in deeply worrying outcomes for poor health and wellbeing of staff.

Recommendation 1:

1a. The federal government must, in collaboration with provinces and territories, move immediately to ensure sufficient funds are available to raise the *minimum level of direct care hours* to 4.5 hours per day for each LTC resident.

1b. The federal government must, in cooperation with provinces and territories, immediately commission and act on a comprehensive, pan-Canadian, data-based assessment of necessary *staffing and staffing mix* guidelines in LTC homes. These guidelines must account for both characteristics of LTC residents and characteristics of all levels of staff and of the work environment. They should be updated every 5 years.

1c. The federal government must, in collaboration with provinces and territories, move immediately to implement a plan for health human resources that ensures *adequate recruitment and effective retention policies and practices*, emphasizing the mental health and wellbeing of staff and the health of their work environments.

Recommendation 2: The federal government must, in cooperation with provinces and territories, implement transfer payments that are conditional on provinces and territories achieving *transparent outcomes*. The federal government must assist the provinces and territories in meeting national staffing guidelines and in implementing the new national LTC standards.

Recommendation 3: The provinces and territories must, with support from the federal government, implement *mental health and other workforce support strategies* to underpin recovery and ensure resilience in all levels of the LTC workforce going forward. They must also examine and address **structural** causes of mental health and well-being stressors, such as staffing levels, work conditions, rigid hierarchical work structures, workplace identity-based aggressions, imbalances of risk, and resident quality of life.

Recommendation 4: The provinces and territories must, with support from the federal government, implement *anti-oppression strategies* in LTC for leaders, managers, administrators, and owners to remove systemic discrimination experienced by staff, residents and their families, and essential care partners.

Recommendation 5: The federal government must move immediately to guarantee that Canada's *data systems* are both adequate and sufficiently integrated to meet requirements for transparent data reporting from all provinces and territories to the public, about all relevant aspects of LTC care, care giving, and work environment.

Recommendation 6: The federal government must require provincial and territorial accountability through strategies such as making federal transfer payments conditional on acceptable performance metrics from provinces and territories. The federal government must, in cooperation with the provinces and territories, establish appropriate arm’s length structures to monitor data and reporting transparency and enforce an *accountability framework*.

Recommendation 7: Provinces and territories must, to receive transfer payments, be required to demonstrate meaningful consideration of the *social and moral determinants of health* for both residents and staff in their planning for LTC needs. Resources and services for equity-deserving older adults who are under-served must be allocated proportionate to their needs.

Recommendation 8: The federal government must, in cooperation with provinces and territories, begin *human rights reform in LTC* – in 2 areas immediately – and do this in close cooperation with older adults, including those with dementia.

8a. Reform LTC **governance, laws, and practices** in partnership with people living with dementia and their families and essential care partners, using a human rights lens.

8b. Implement **education and training** on human rights of older adults and older adults with dementia for (i) all education institutions that prepare staff who work in LTC; (ii) all levels of LTC staff – unregulated and regulated care staff, ancillary staff, and medical staff; and (iii) LTC Board members and senior leadership teams. Implement **awareness programs** on the human rights for older adults in LTC, families, and essential care partners.

LTC homes as homes

LTC homes are part of the continuum of healthcare from community-based care (such as home care) and primary care through all levels of acute care. LTC homes are however distinct from all other places where older adults receive care and live. These congregate living homes offer both social and health care. They are primarily *homes* (not chronic care hospitals) and social care is often the majority of care. They are places where many older Canadians, often with dementia and frailty, live the end of their lives. These lives should be lived free from age and gender discrimination, as well as discrimination based on race, ethnicity, and disability. LTC homes and their governors must adopt a perspective that recognizes the multiple intersecting vulnerabilities of older adults. These older adults must receive their full rights and protections under the Canadian Charter of Rights and Freedoms.

Living well is what matters most. Living well is being free from pain, fear, and indignities, having the right and freedom to move and to feel sunshine on one’s face. It is companionship, social connection, intergenerational activities, laughter and joy, good food, animals, flowers, music, and ice cream, meaning and purpose in existence. Not every day, all day – but the goal is to accumulate moments, lots and lots of good moments, enough moments to make up a good end of life.

This is the big mission before us – it is as much a human rights mission as a mission of care.